

USE ONLY FOR A VITAL EVENT WHICH OCCURRED IN ALABAMA

The fee for a birth, death, marriage or divorce record search is \$12.00, which includes the cost of one certified copy OR Certificate of Failure to Find. For additional copies of the same record ordered at the same time, the fee is \$4.00 each. For information on how to expedite a document, call 334-206-5418. Amendments, adoptions, legitimations, and delayed certificates must be processed through the Center for Health Statistics. The fee is \$15.00 to amend a record, \$20.00 to prepare a new certificate of birth after adoption or legitimation or to file a delayed certificate, which also covers the cost of one certified copy of the record. Make check or money order payable to the "State Board of Health." Fees are non-refundable. Do not request two different types of certificates on the same form. **PRINT ALL INFORMATION LEGIBLY**. You must complete & sign the applicant section or your request cannot be processed.

TAKE THIS FORM TO ANY COUNTY HEALTH DEPARTMENT IN ALABAMA OR MAIL THIS FORM TO:
Alabama Department of Public Health, Center for Health Statistics, P.O. Box 5625, Montgomery, Alabama 36103-5625
For information on ordering a vital record via the Internet, visit our web site at: <http://www.adph.org>

APPLICANT SECTION (THIS SECTION MUST BE COMPLETED) Birth certificates less than 125 years old and death certificates less than 25 years old are restricted records. You must be an immediate family member OR demonstrate a legal right to the record in order to obtain a copy of the record (§ 22-9A-21). Anyone falsely applying for a record is subject to a penalty upon conviction of up to three months in the county jail or a fine of up to \$500. Code of Ala. 1975, § 13A-10-109. By signing, you are certifying you have a legal right to the record requested.

Your Signature _____ Date _____

Print Your Name _____ Address _____

City _____ State _____ Zip _____ Daytime Phone () _____

Your Relationship to Person Whose Record is Being Requested _____

Reason for Request (if not immediate family) _____

I allow the following individual to pick up the certificate (s) _____

BIRTH:		NUMBER OF COPIES _____	AMOUNT PAID \$ _____
FULL NAME AS ON BIRTH CERTIFICATE _____			
FIRST	MIDDLE	LAST	
DATE OF BIRTH _____		SEX _____	
COUNTY OF BIRTH _____		HOSPITAL _____	
FULL MAIDEN NAME OF MOTHER _____			
FIRST	MIDDLE	LAST	
FULL NAME OF FATHER _____			
FIRST	MIDDLE	LAST	

DEATH:		NUMBER OF COPIES _____	AMOUNT PAID \$ _____
LEGAL NAME OF DECEASED _____			
FIRST	MIDDLE	LAST	
DATE OF DEATH _____		COUNTY OF DEATH _____	
		SEX _____	
SSN _____		DATE OF BIRTH OR AGE _____	
		RACE _____	
NAME OF SPOUSE _____			
FIRST	MIDDLE	LAST	
NAME OF PARENTS _____			
STARTING WITH 1991 DEATHS, CERTIFICATES MAY BE ISSUED WITHOUT A CAUSE OF DEATH. Indicate the number of copies of each type of certificate you want: _____ WITH CAUSE OF DEATH _____ WITHOUT CAUSE OF DEATH			

Q MARRIAGE OR Q DIVORCE:		NUMBER OF COPIES _____	AMOUNT PAID \$ _____
FULL NAME OF HUSBAND _____			
FIRST	MIDDLE	LAST	
FULL MAIDEN NAME OF WIFE _____			
FIRST	MIDDLE	LAST	
DATE OF MARRIAGE _____		(OR) DATE OF DIVORCE _____	
IF MARRIAGE, COUNTY WHERE LICENSE WAS ISSUED _____			
IF DIVORCE, COUNTY OF DIVORCE _____			

COUNTY REGISTRAR SIGNATURE _____	DATE _____	COUNTY HEALTH DEPARTMENT RECEIPT NO. _____
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